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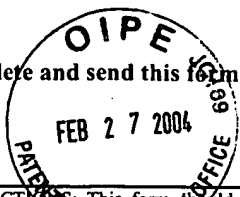
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PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: MailMail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

01/26/2004

MILLENNIUM PHARMACEUTICALS, INC.
INTELLECTUAL PROPERTY GROUP
75 SIDNEY STREET
CAMBRIDGE, MA 02139

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Sean Hunziker	(Depositor's name)
	(Signature)
February 25, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/757,982	01/10/2001	Susan Acton	MP198-052P1RDV10M	1338

TITLE OF INVENTION: ANTIBODIES TO NOVEL PROTEIN KINASE MOLECULES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	04/26/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
HADDAD, MAHER M	1644	530-387100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Millennium Pharmaceuticals, Inc.

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Millennium Pharmaceuticals, Inc. Cambridge, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies 13

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501668 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) Tracy M. Sioussat (Date)

2/25/04

Tracy M. Sioussat, Reg. No. 50,609

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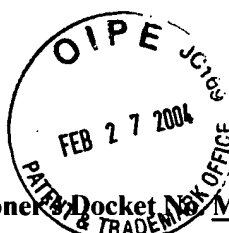
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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TRANSMIT THIS FORM WITH FEE(S)



Practitioner's Docket No. MPI98-052P1RDV10M

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Susan Acton
Application No.: 09/757,982 Group No.: 1644
Filed: January 10, 2001 Examiner: Haddad, Maher M.
For: ANTIBODIES TO NOVEL PROTEIN KINASE MOLECULES
Confirmation No. 1338

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith for this application is/are:
 - a. This Transmittal (2 pages - in duplicate);
 - b. Transmittal of Payment of Issue Fee (1 page - in duplicate);
 - c. Part B - Fees Transmittal (1 page - in duplicate); and
 - d. Return Postcard.

STATUS

2. Applicant is other than a small entity.

CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10*

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37 C.F.R. SECTION 1.8(a)

37 C.F.R. SECTION 1.10*

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☐ transmitted by facsimile to the Patent and Trademark Office.


Signature

Date: February 25, 2004

Sean Hunziker
(type or print name of person certifying)

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Practitioner's Docket No. MPI98-052P1RDV10M

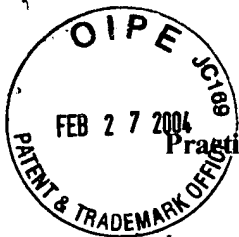
FEE DEFICIENCY

3. Papers contained herein authorize payment of the Issue Fee. It is believed no additional fees are required, however, if any additional extension and/or fee is required, charge Account No. 501668. If any additional fee for claims is required, charge Account No. 501668.

February 25, 2004

MILLENNIUM PHARMACEUTICALS, INC.

By Tracy M. Sioussat
Tracy M. Sioussat
Registration No. 50,609
40 Landsdowne Street
Cambridge, MA 02139
Telephone – (617) 374-7679
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TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. SECTION 1.311)

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.
2. Fee (37 C.F.R. Section 1.18(a)):

Regular
\$1,330.00

Application status is other than a small entity--fee:
3. Payment of fee: Charge Account No. 501668 the sum of \$1,639.00 (includes Issue Fee of \$1,330.00, publication fee of \$300.00 and fee of \$9.00 for 3 soft copies.)
(A duplicate of this request is attached.).

February 25, 2004

MILLENNIUM PHARMACEUTICALS, INC.

By Tracy M. Sloussat

Tracy M. Sloussat
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40 Landsdowne Street
Cambridge, MA 02139
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Facsimile - (617) 551-8820

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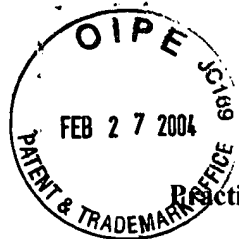
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Sean Hunziker
Signature

Date: February 25, 2004

Sean Hunziker
(type or print name of person certifying)

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